



STANDARD RX

www.pittmandental.com  
1-800-235-4720

TX Registration #01223

KY Registration #L339

SC Registration #394

2355 CENTENNIAL CIRCLE, GAINESVILLE, GA 30504-5799 U.S.A

Phone: (770) 534-4457 Fax: (770) 503-1173

DATE: PATIENT NAME:

DELIVER BY 5:00 PM ON:

<b>PORCELAIN FUSED TO METAL</b> <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Porcelain Occlusal <input type="checkbox"/> Metal Band on Buccal <input type="checkbox"/> Porcelain Butt Joint <input type="checkbox"/> GOLD Butt Joint <input type="checkbox"/> GOLD <input type="checkbox"/> Yellow <input type="checkbox"/> White <input type="checkbox"/> Semi-Precious (Noble) <input type="checkbox"/> Non-Precious(Base) <input type="checkbox"/>  <input type="checkbox"/> <b>DIE TRIM BY DOCTOR</b> <input type="checkbox"/> <b>HAVE TECH CALL DOCTOR</b>	<b>Metal Free Restorations</b> <input type="checkbox"/> Thin Press Veneer <b>EMPRESS</b> <input type="checkbox"/> Pressed <input type="checkbox"/> Layered <input type="checkbox"/> Send Bonding Material <b>EMAX</b> <input type="checkbox"/> Pressed <input type="checkbox"/> Layered <b>Zirconia</b> <input type="checkbox"/> Lava <input type="checkbox"/> Procera® <input type="checkbox"/> ZirCAM All-Zirconia Crown	<b>Full Cast Restorations</b> <input type="checkbox"/> Non- Precious (White) <input type="checkbox"/> Semi-Precious (White) <input type="checkbox"/> Gold Yellow 20% (Noble) <input type="checkbox"/> Gold Yellow 52% (Noble) <input type="checkbox"/> Gold White 40% (High Noble) <input type="checkbox"/> Gold Yellow 75% (High Noble) <input type="checkbox"/> Gold Yellow 83% (High Noble)		
<b>MOLD:</b> <input type="checkbox"/> Rugged <input type="checkbox"/> Moderate <input type="checkbox"/> Feminine  <table border="0"> <tr> <td data-bbox="589 1108 992 1436"> <b>DENTURES</b>  <input type="checkbox"/> Premium Plus   <input type="checkbox"/> Wax Try In  <input type="checkbox"/> Standard   <input type="checkbox"/> Bite Blocks  <input type="checkbox"/> Economy   <input type="checkbox"/> Custom Tray  <input type="checkbox"/> Acrylic Partial   <input type="checkbox"/> Immediate  <input type="checkbox"/> Dawson Night Guard  <input type="checkbox"/> Veriflex Night Guard(self adjusting)         </td> <td data-bbox="1000 1108 1466 1436"> <b>PARTIALS</b>  <input type="checkbox"/> Process   <input type="checkbox"/> Esthetic Design  <input type="checkbox"/> Rebase   <input type="checkbox"/> Cusil  <input type="checkbox"/> Reline   <input type="checkbox"/> Valplast®  <input type="checkbox"/> Vitallium 2000  <input type="checkbox"/> Ticonium  <input type="checkbox"/> Frame Work Only         </td> </tr> </table>			<b>DENTURES</b> <input type="checkbox"/> Premium Plus <input type="checkbox"/> Wax Try In <input type="checkbox"/> Standard <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Economy <input type="checkbox"/> Custom Tray <input type="checkbox"/> Acrylic Partial <input type="checkbox"/> Immediate <input type="checkbox"/> Dawson Night Guard <input type="checkbox"/> Veriflex Night Guard(self adjusting)	<b>PARTIALS</b> <input type="checkbox"/> Process <input type="checkbox"/> Esthetic Design <input type="checkbox"/> Rebase <input type="checkbox"/> Cusil <input type="checkbox"/> Reline <input type="checkbox"/> Valplast® <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Ticonium <input type="checkbox"/> Frame Work Only
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SHADE:

OTHER CASE NOTES:

SIGNED DR.:

LICENSE #:

PHONE (      )

All Accounts due and payable by the 10th of each month. Late charges of 1.5 % per month charged from the date due on amount unpaid over 30 days from date of statement. Customer agrees to pay the lab's cost of collection, including attorney's fes. Georgia law shall apply hereto.

All Materials ADA/FDA Approved

3/4/2011

KDA-003212

EXHIBIT 106